

COMMERCIAL & MULTI-FAMILY  
REQUEST FOR TEMPORARY CERTIFICATES OF OCCUPANCY

PERMIT APPLICATION #: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

OWNER/TENANT: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

\_\_\_\_\_ 30 Days \_\_\_\_\_ 60 Days \_\_\_\_\_ 90 Days

The following is a guideline used in establishing the minimum criteria necessary for a temporary Certificate of Occupancy. These conditions will be evaluated on a case-by-case basis to make sure that an acceptable level of safety is met for the occupants of the building.

- 1. Final Electrical Inspection must be approved.
- 2. Water and sewer must be approved. This includes DER acceptance of any new potable water lines. Also must have Development Review and Commitment approval prior to issue.
- 3. Address must be posted on the building.
- 4. All exit systems must be operational.
- 5. A fire watch procedure must be in effect for fire safety systems that are not complete (alarm, suppression, etc). Fire extinguishers must be installed. Exception: any and all fire safety systems must be in place and functional in all educational and assembly occupancies.
- 6. An inspection must be done to determine the outstanding issues for all disciplines. The chief inspectors should then make a recommendation to the Building Official as to whether a TCO can be issued. For some mercantile occupancies, the chiefs can make a determination as to whether the occupants may start stocking merchandise or installing fixtures prior to the Certificate of Occupancy (CO). This should be allowed when the building is substantially complete.
- 7. All outstanding fees must be paid. The cost for a Temporary Certificate of Occupancy (TCO) is \$110.00, plus fire fees. This includes a pre-power agreement. **These fees are non-refundable.**

-----

Inspections Required:	Building
	Fire
	Mechanical
	Plumbing
Review By:	Development Review Division _____
Authorized By:	Commercial Permitting Building Official _____

SPECIAL CONDITONS FOR TCO APPROVAL: \_\_\_\_\_

(OVER)

Person requesting Temporary Certificate of Occupancy

License Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

FAX #: \_\_\_\_\_



(OFFICE USE ONLY)

Special Conditions/Restrictions per Inspectors for issuance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Temporary C/O Check List

Department	Contact	Date	Result	Inspector
Water & Sewer	Becky / Cathy			
Engineering	Jerry Robertson			
DRD	Jackie Laracuenta			
Plumbing Final				
Mechanical Final				
Fire Final				
Electrical Final				
Building Final				